

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	
<u>Joseph Perrino</u> Name of the current creditor (the person or entity to be paid for this claim)	
Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?
	Where should payments to the creditor be sent? (if different)
Name <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u>	Name _____
1885 St. James Place, 15th Floor	_____
Number Street	Number Street
Houston TX 77056	_____
City State ZIP Code	City State ZIP Code
Contact phone <u>713-850-4200</u>	Contact phone _____
Contact email <u>Lnorman@andrewsmyers.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

City

TX

State

77056

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Perrino
First Name of Claimant	Joseph
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Tampa, Florida
Accident Description	Claimant was driving a vehicle that was pushed into another vehicle, resulting in severe and permanent injuries to Claimant
Injury Description	Closed Head Injury; Concussion; Loss of Consciousness; Stitches; Neck Pain; Headaches
Airbag Deployed	No
Date of Injury	02/16/07
Year and Model of Vehicle	2006 Saturn Ion
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

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04/16

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Kathleen Perrino</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Perrino
First Name of Claimant	Kathleen
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Tampa, Florida
Accident Description	Claimant was a passenger in a vehicle that was pushed into another vehicle, resulting in severe and permanent injuries to Claimant
Injury Description	Neck Injury
Airbag Deployed	No
Date of Injury	02/16/07
Year and Model of Vehicle	2006 Saturn Ion
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors G
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Southern District of New York
Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>David Pier</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

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☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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Part 3: Sign Below

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Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Pier
First Name of Claimant	David
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Suffolk, VA
Accident Description	Son of claimant, Joshua, fell asleep while driving, veered off the road and hit a tree
Injury Description	Left broken femur, lacerated aorta, died as a result of his injuries
Airbag Deployed	No
Date of Injury	01/16/2005
Year and Model of Vehicle	1997 Pontiac Grand Am
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors G

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

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1. Who is the current creditor?

Jibreel Riley

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known)

Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing?

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6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

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Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
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Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature



Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Riley
First Name of Claimant	Jibreel
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Buffalo, New York
Accident Description	Claimant was a driver when his car was hit on driver's side by delivery van.
Injury Description	Injuries to his elbow and head.
Airbag Deployed	No
Date of Injury	6/18/2007
Year and Model of Vehicle	2006 Chevy Cobalt
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Antonio Rivers</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056

City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Rivers
First Name of Claimant	Antonio
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Clovis, NM
Accident Description	While driving Antonio lost control of the vehicle and flipped twice.
Injury Description	Shoulder pain, right lower leg pain
Airbag Deployed	No
Date of Injury	03/28/05
Year and Model of Vehicle	2005 Chevrolet Cobalt LS
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Filed, GM MDL
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Valerie Roberts

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

City

TX

77056

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Roberts
First Name of Claimant	Valare
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Wilmington, DE
Accident Description	Was driving approx. 25 mph when Valerie was cut off and she T-bones another vehicle.
Injury Description	Torn left vertebrae, neck pain, right arm/shoulder pain, lower back pain
Airbag Deployed	No
Date of Injury	03/23/07
Year and Model of Vehicle	2003 Cadillac CTS
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Filed, GM MDL
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Raeann Rutledge

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known)

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056

City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Rutledge
First Name of Claimant	Raeann
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Pueblo, Colorado
Accident Description	Claimant was the driver of a vehicle who lost control and struck a median, resulting in severe and permanent injuries to Claimant
Injury Description	Head trauma, left frontal lobe damage; two broken wrists; scalp reconstruction; wrist surgery; spinal cord stimulator
Airbag Deployed	No
Date of Injury	01/18/05
Year and Model of Vehicle	2004 Saturn Ion
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Lloyd Shaffer</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056

City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Shaffer
First Name of Claimant	Lloyd
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Yazoo City, Mississippi
Accident Description	Claimant was a passenger in a vehicle that lost control, resulting in serious and permanent injuries to Claimant
Injury Description	Broken ribs, Broken Collar Bone; Burns on arms and face, head trauma, back and leg injuries, memory loss
Airbag Deployed	Yes
Date of Injury	02/14/09
Year and Model of Vehicle	2006 Pontiac Grand Prix
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Yes - Bachelder, et al vs. GM - SDNY
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filing out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Maurice Shaffer</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Shaffer, Deceased
First Name of Claimant	Maurice
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Yazoo City, Mississippi
Accident Description	Claimant lost control of his vehicle, resulting in fatal injuries to Claimant
Injury Description	Death
Airbag Deployed	Yes
Date of Injury	02/14/09
Year and Model of Vehicle	2006 Pontiac Grand Prix
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Yes - Bachelder, et al vs. GM - SDNY
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors G
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Southern District of New York
Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Dawn Simecek</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017
MM / DD / YYYY

/s/ Lisa M. Norman
Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Simecek
First Name of Claimant	Dawn
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Boca Chica, Florida
Accident Description	Claimant experienced a sudden loss of power to her vehicle, causing her to lose control and hit a tree head-on, resulting in severe and permanent injuries to Claimant
Injury Description	Traumatic Brain Injury
Airbag Deployed	No
Date of Injury	11/02/07
Year and Model of Vehicle	2006 Chevrolet Cobalt
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Yes - Bachelder, et al vs. GM - SDNY
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Lynette Simpson

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known)

Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Simpson
First Name of Claimant	Lynette
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Troy, Ohio
Accident Description	Claimant was the driver of a vehicle that was struck head-on by another vehicle, resulting in severe and permanent injuries to Claimant
Injury Description	Shattered Knee Cap; Knee Reconstruction
Airbag Deployed	No
Date of Injury	01/02/09
Year and Model of Vehicle	2007 Chevrolet HHR
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Southern District of New York
Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Austin Slade</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017
MM / DD / YYYY

/s/ Lisa M. Norman
Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Slade
First Name of Claimant	Austin
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Casa Grande, Arizona
Accident Description	Claimant lost control of his vehicle, resulting in severe and permanent injuries to Claimant
Injury Description	Brain Injuries; Broken Vertebrae in back and neck; Grand Mal Seizures; Blind in Left Eye; Kidney Failure; Headache; Right Shoulder Injury requiring surgery; Rib Fractures; Removal of Gall Bladder
Airbag Deployed	No
Date of Injury	03/29/06
Year and Model of Vehicle	2005 Chevrolet Cobalt
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Yes - Bachelder, et al vs. GM - SDNY
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Shakiria Stephenson</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature



Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor
Number Street

Houston TX 77056

City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Stephenson
First Name of Claimant	Shakiria
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Hillsboro, FL
Accident Description	Client skidded off the road and the vehicle rolled several times
Injury Description	Broken collarbone
Airbag Deployed	No
Date of Injury	00/00/2007
Year and Model of Vehicle	2004 Saturn Ion
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No.
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors G

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Theodore Stafford

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Personal injury claim - ignition switch

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/24/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Lisa M. Norman

Print the name of the person who is completing and signing this claim:

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Stafford, Deceased
First Name of Claimant	Theodore
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Ypsilanti, Michigan
Accident Description	Claimant lost control of his vehicle, hit a pole, the car burst into flames, resulting in fatal injuries to Claimant
Injury Description	Death
Airbag Deployed	No
Date of Injury	02/25/07
Year and Model of Vehicle	2005 Chevrolet Cobalt
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	Yes - Bachelder, et al vs. GM - SDNY
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.